

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyis	t(s) Maureen D. Sn	nith and Susan S	. Geiger			
11. Name of lobbyis	t's partnership, firm o	r corporation, if ar	ny:			
Orr & Reno, I	P.A.					
	ame of partnership, firm or	corporation)				
45 S. Main Stree	et, P.O. Box 4550	Concord	NH	03302		
Business Address: ((Town/City)	(State)	(Zip Code)		
(603) <u>223-9166</u> (Telephone))3) <u>223-9066</u> (Fax)	e-mail <u>msmith</u>	e-mail msmith@orr-reno.com		
	covers: (Choose one – transactions which are			nay file a separate report for		
X All reportable tra	ansactions occurring in t	he months prior to t	he reporting date relative to t	the following client:		
Lindt & Spru	ngli USA Inc.					
ΛÞ	(Full Name of Client a	s it appears on the Lol	bbyist Registration Form)			
OR ☐ All reportable tra unrelated to any part	,	t (including the lobl	byist's family), or the lobbyir	ng firm listed below which are		
IV. Date of Report Reports cover: act	April 26, 2017 🗓	tion to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/1	7		
	October 25, 2017 activity from 7/1/17 to 9		January 31, 2018 activity from 10/1/17 to 12/3	1/17		
	d, complete just this form		transactions made since e Secretary of State's Office,			
VI. Check if addition	onal reports are attach	ed:				
	-		le Addendum A- Fees and I	Expenses		
☐ If you have paid Expense Reimburser	an honorarium or reimb nent	oursed expenses, yo	u must file Addendum B – R	eport of Honorariums or		
If you, your firm	n, or your family has ma	de political contribu	utions, you must file Addend	um C- Political Contributions		
I have read RSA 15, and complete to the	best of my knowledge a	and RSA 664 and he	ereby swear or affirm that the	foregoing information is true		
Manuen	D Smith		April 26, 201	7		
(Signature of lobby			(D	ate) RECEIVED		
Maureen D. Sm (Print Name of lobb				APR 2 6 2017		
				NAME OF THE PERSON NAME OF THE P		

NEW HAMPSHIRE DEPARTMENT OF STATE